

STATE OF DELAWARE  
STATE BOARD OF PENSION TRUSTEES  
AND  
OFFICE OF PENSIONS  
Thomas Collins Building  
P. O. Box 1401  
Dover, DE 19903

REPORT OF EXAMINING PHYSICIAN FORM - STATE EMPLOYEES PENSION PLAN  
TITLE 29, Chapter 55, Delaware Code, As Amended

Please Type or Print

NAME: E. Bernice Lieberman S. S. No. 101-24-0213  
ADDRESS: C/O Auerbach D. O. B. April 23, 1947  
7303 Brookhaven Road SEX: Female  
Philadelphia PA 19151 OCCUPATION: Mediation/Arbitration Officer  
TELEPHONE: (215) 477-6057

CHIEF COMPLAINT(S):

*Suicidal and homicidal thoughts.*

*Changes in mood to extremes of angry or depression.*

*Difficulties in maintaining concentration.*

HISTORY OF DISABLING CONDITION(S) (with date(s) of onset) *Problems dating from age 17*  
*has had waves and waves over the years.*  
*Recently worsened by stresses at work including problems related to handling suicidal thoughts.*  
*and Notice of recommendation for dismissal on 10/28/94 led to rapid decompensation*  
*(2/94) and inability to function outside of a hospital setting.*

PHYSICAL EVALUATION: (11/10/94)

Height: *5'0"*

Weight: *237 lbs*

Blood Pressure:  
(both arms and label) *100/70*

Is he/she a smoker? Yes ( ) No ☒

HANDED: (L) ☒ (R)

SIGNIFICANT PHYSICAL FINDINGS:

*S/P breast CA - local excision, radiation, and chemo* *h/o and melale*

*h/o PVD* *Chronic H/A's* *Osteoarthritis*

*h/o GI bleed* *Hypothyroidism*

LABORATORY AND X-RAY STUDIES: (Please attach pertinent copies)

*CXR - WNL*

*ECG - possible old infarct MI*  
*NSR, prolonged QT*

PRESENT SPECIFIC THERAPY (List medications, dosage, and other treatments)

*Prozac 100 mg PO qd*

*Other meds: *gabapentin*  
*Synthroid**

*Intensive insight-oriented individual psychotherapy*



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## SPECIFIC DIAGNOSIS RESPONSIBLE FOR DISABILITY:

Dissociative disorder NOS  
Borderline personality disorder

- (a) If disability is cardiac in nature, New York Heart Association Classification is required
- (b) If diagnosis is of a psychiatric nature, it should correspond with DSM-IV

ALTERNATE EMPLOYMENT POSSIBLE WITH THE ABOVE LIMITATION(S): Yes ( ) No ☒

Not at the present time.

I, Scott Stehle M.D.  
Bernice Lieberman (error) the undersigned, do hereby certify that in my  
Please Print or Type

judgement, the applicant/pensioner Bernice Lieberman issuffering from: DIAGNOSIS: Dissociative disorder NOS andBorderline personality disorderPROGNOSIS: Indeterminate

(Estimate duration of disability)

Would vocational rehabilitation benefit this individual? Yes ☒ No ( )  
But not currently.

It is further my judgement that he/she: (Please check below in the appropriate box or boxes indicating the individual's present disability status)

( ) Is not physically able to perform the duties of his/her position/former position

☒ Is not mentally able to perform the duties of his/her position/former position

( ) Is fully able to perform the duties of his/her position/former position

Signed: N. Scott Stehle M.D.Date: 12/26/94Address: 111 N. 49th St.Phila PA 19139State Licensed in PALicense Certification No. MD-042818-LBoard Certification in Psychiatry

Please attach any pertinent material which you deem relevant to this individual's disability